

Bayfield County
Planning and Zoning Department
PO Box 58
Washburn, WI 54891
(715) 373-6138

BARTLETT COUNTY, MISSISSIPPI

SEP 10 2012

Permit #:	12-031	ENTERED
Date:	9-12-12	
Amount Paid:	\$675.00	EDS
Refund:	9/10/12	

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED →		LAND USE	SANITARY	PRIVY	CONDITIONAL USE	SPECIAL USE	B.O.A.	OTHER
Owner's Name:		JENNIFER MURPHY + GREENBERG MURPHY			Mailing Address:		Telephone:	
Address of Property:		7330 75340			Po Box 173		715 747 2113	
City/State/Zip:		PAVILION (NORTH) WI, 54891			LA Pointe, WI 54850		Cell Phone:	
Contractor:		DAVE HACKETT DESIGN + BUILD			Contractor Phone:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		715 209 0183			Agent Phone:		Plumber Phone:	
PIN: (23 digits)		04- 008-2-49-04-16-4			Agent Mailing Address (include City/State/Zip):		Written Authorization Attached	
PROJECT LOCATION		Legal Description: (Use Tax Statement)			Recorded Document: (i.e. Property Ownership)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
1/4, 1/4		Gov't Lot 3			Lot(s) No. 1012		Subdivision: CSM # 1733	
Section 16, Township 49 N, Range 04 W		CSM 1733			Volume 10/1058 Page(s) 167/144		Lot Size 7.68 A	
Town of: PAVILION		Vol & Page 1010 P67			Block(s) No. 08208		Acreage 7.68 A	

<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland -->	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue -->	Distance Structure is from Shoreline : <u>450</u> feet		

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>225,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Mound</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(28 X 40)	2240
		with Loft	(X)	
		with a Porch	(28 X 10)	280
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
Commercial Use		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

Owner(s): _____

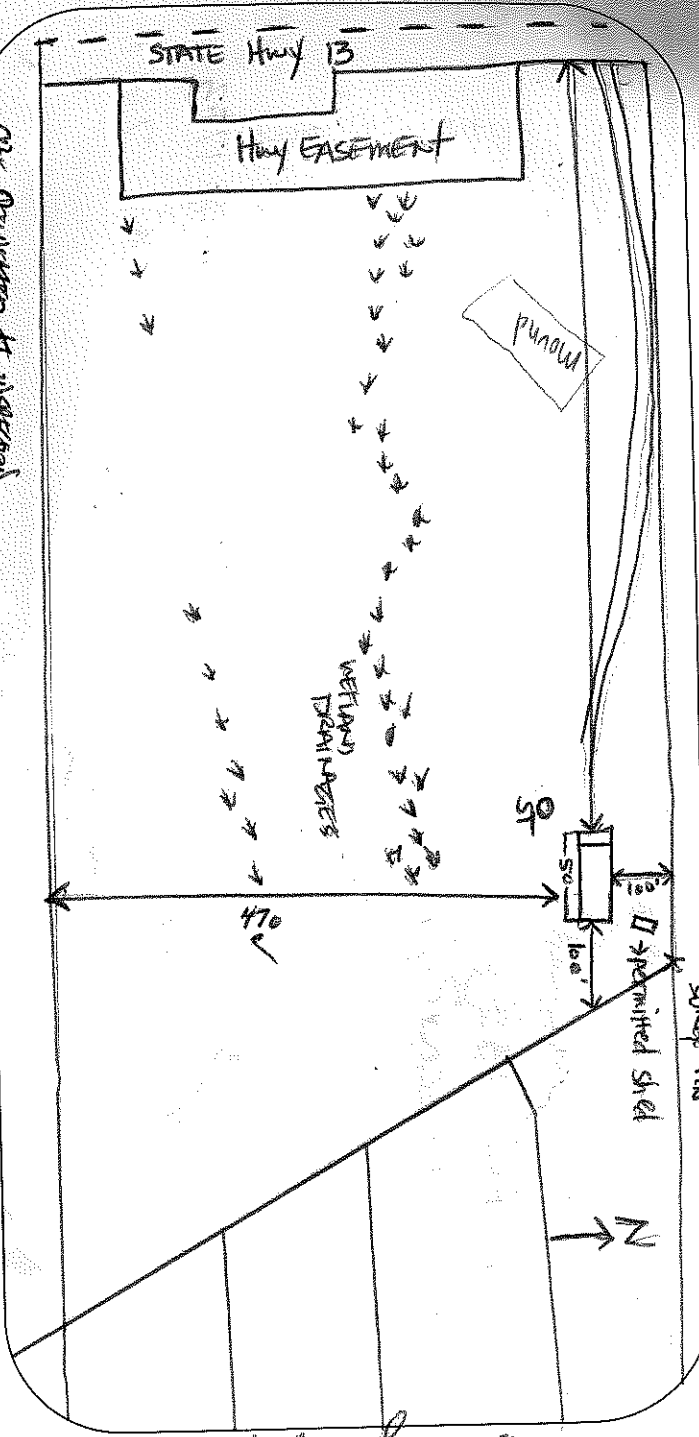
Date 8-8-12

Date —

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (**) Driveway and (**) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (**) Well (W); (**) Septic Tank (ST); (**) Drain Field (DF); (**) Holding Tank (HT) and/or (**) Privy (P)
- (6) Show any (*): (**) Lake; (**) River; (**) Stream/Creek; or (**) Pond
- (7) Show any (*): (**) Wetlands; or (**) Slopes over 20%



Site Decker at aspears

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	350 Feet	Setback from the Lake (ordinary high-water mark)	450 Feet
Setback from the Established Right-of-Way	300 Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	100 Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	470 Feet	Setback from Wetland	N/A
Setback from the West Lot Line	300 Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the structure, or must be one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 11455	# of bedrooms: 3	Sanitary Date: 9-12-12	
Permit Denied (Date):	Reason for Denial:				
Permit #: 12-0342	Permit Date: 9-12-12				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record)	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	Previously Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: PROPOSED BAY LOCATED AS ANTICIPATED BY OWNER APPLICANT TO AVOID					
APPLICANT STATE & CANNOT BE RECOVERED (ELECTRICITY BE USED)					
Date of Inspection: 9-10-12	Inspected by: DR				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)					
A VINTAGE RAILROAD CO. PLANT, THE LOCAL INDUSTRY CDC INSPECTION REPORT MUST BE					
OBTAINED FROM THE STATE OF CALIFORNIA.					
Signature of Inspector: [Signature]					Date of Approval: 9-12-12
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
AUG 12 2011

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department.

Bayfield Co. Zoning Dept.

Application No.: 12-0343
Date: 9-12-12
Zoning District: E-RB/CMS I
Amount Paid: \$2,150.00
CASH 8/12/11
7570 ATE



LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER _____

Use Tax Statement for Legal Description

Legal Description 1/4 of 1/4 of Section 22 Township 49 North, Range 4 West, Town of Bayview

Gov't Lot 1 Lot Block Subdivision CSM # Acreage 2.54

Volume 959 Page 271 of Deeds Parcel I.D. 04-008-2-49-04-22-3 05-001-08000

Property Owner ROBERT & GRACE HURKINSO Contractor FELTZ WOODS (Phone) 207-0103

Address of Property 78210 Siscoe Rd. Plumber _____

WASHBURN WI 54891 Authorized Agent _____ (Phone) _____

Telephone 715 373-0169 (Home) _____ (Work) _____ Written Authorization Attached: Yes ☐ No ☐

Is your structure in a Shoreland Zone? Yes ☒ No ☐ If yes, Distance from Shoreline: greater than 75' ☒ 75 to 40' ☐ less than 40' ☐

Structure: New ☒ Addition ☐ Existing ☐ Basement: Yes ☐ No ☒ Number of Stories _____

Fair Market Value \$8,000 Square Footage 544 Sanitary: New ☒ Existing ☐ Privy _____ City _____

USE: 68' x 8' Type of Septic/Sanitary System FLOWLINE TANKS

☐ Residence or Principal Structure (# of bedrooms) _____ ☐ Mobile Home (manufactured date) _____

☐ Residence sq. ft. _____ ☐ Commercial Principal Building _____

☐ Residence w/deck-porch (# of bedrooms) _____ ☐ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ ☐ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ ☐ Commercial Accessory Building Addition (explain) _____

☐ Residence w/attached garage (# of bedrooms) _____ ☐ Commercial Other (explain) _____

☐ Residential Addition / Alteration (explain) _____ ☐ Special/Conditional Use (explain) _____

☐ Residential Accessory Building (explain) _____ ☐ External Improvements to Principal Building (explain) _____

☒ Residential Other (explain) BIRDS OVER LAWN

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) [Signature] Date 8-12-11

Address to send permit _____ ATTACH

* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 9-12-12 Permit Number 12-0343 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: New Masonry Stairs - MEETS ALL

SEPARATE CURBS By S.K. Date of Inspection 8/11/2011

Mitigation Plan Required: Yes ☐ No ☒ Variance (B.O.A.) # _____

Condition: None, quarry rock

Fees for Issuance

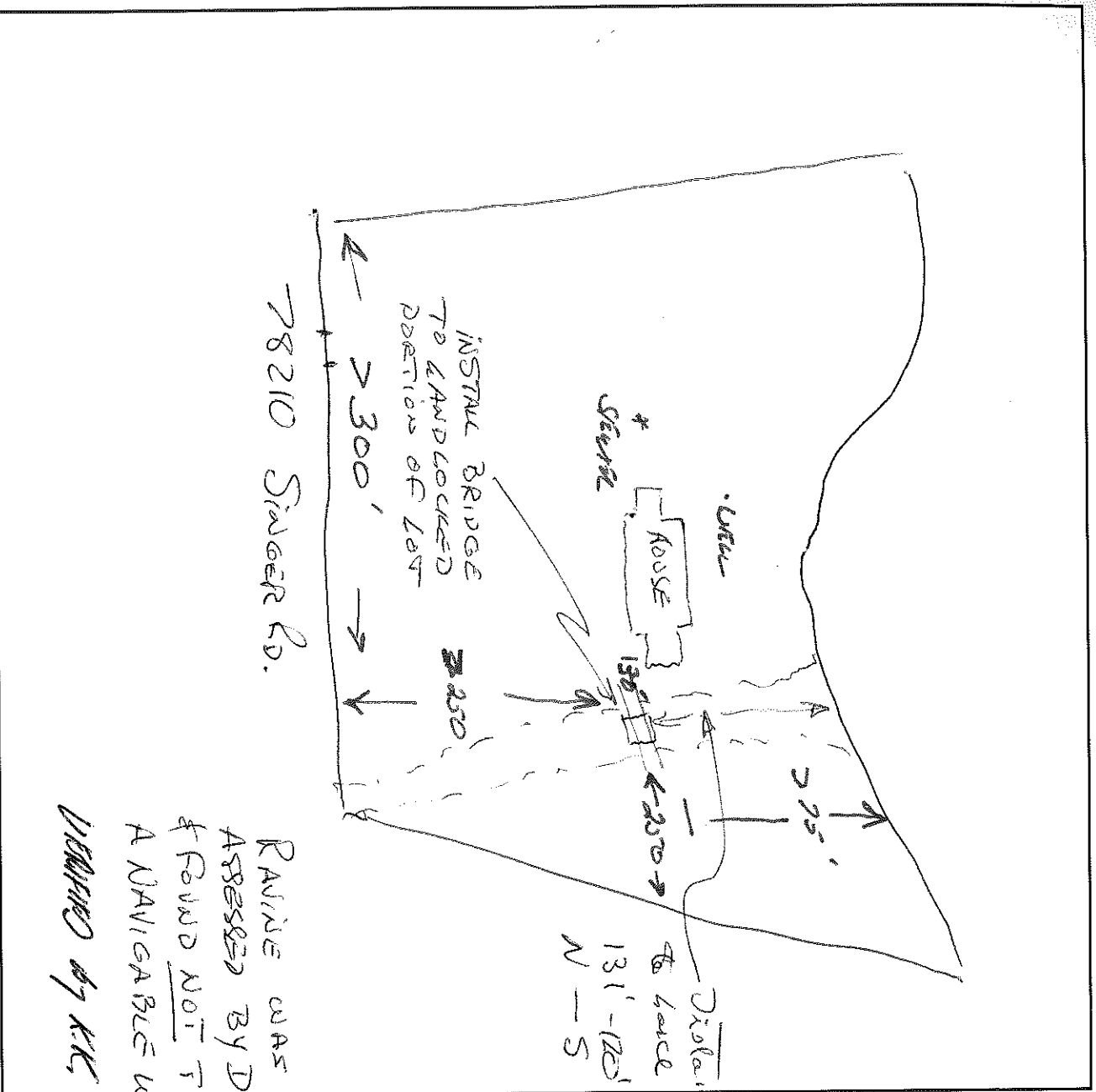
SEP 12 2012

Secretarial Staff

Signed [Signature] Date of Approval 8/16/2011

Inspector

Lot Line



Name of Frontage Road (Singer Rd)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Holding tank to closest lot line
 - e. Holding tank to building
 - f. Holding tank to well
 - g. Holding tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Septic Tank and Drain field to closest lot line
 - l. Septic Tank and Drain field to building
 - m. Septic Tank and Drain field to well
 - n. Septic Tank, and Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

SCBMT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp
AUG 22 2012

ENTERED
Permit #: 12-0847
Date: 9-18-12
Amount Paid: \$510.00 RBS
Refund: 8/23/12

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept. THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: JOHN W. BAREKO/JOHN E BAREKO Mailing Address: W19438 SAUWILL RD. GALESVILLE, WI 54630 Telephone: 715-682-2236
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-413-1002 Agent Mailing Address (include City/State/Zip): GALESVILLE, WI 54630 Cell Phone: 608-582-4268
Address of Property: 82370 STATE HWY. 13 BAYFIELD, WI 54814
Contractor: GRANGER BUILDERS, INC. Contractor Phone: 715-278-3269 Plumber: BRUCE MAU Plumbing & Heating 715-682-6050
Plumber's License: 115-413-1002
Agent's License: 115-278-3269
Agent Mailing Address (include City/State/Zip): 6516 MAIN ST, MARENGO, WI 54855
Recorded Document: (i.e. Property Ownership) Volume: 04-005-2-50-04-33-405-002-02060 Subdivision: Written Authorization Attached: Yes ☐ No ☐
PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 2 Lot(s) 2 CSM 684 + 176 Lot(s) No. Block(s) No. Lot Size Acreage
Section 33, Township 50 N, Range 4 W TOWN OF: BAYVIEW Lot Size Acreage 0.87

☒ Shoreland ☐ Non-Shoreland
☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes--continue ☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue ☒
Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: 75 feet
Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion include donated time & material \$170,000.00
Project (What are you applying for) # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water
☐ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City
☒ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☒ City
☐ Conversion ☒ 2-Story ☐ ☒ 3 ☒ Sanitary (Exists) Specify Type: HADONIS
☐ Relocate (existing bldg) ☐ Basement ☐ ☐ Privy (Pit) or Vented (min 200 gallon)
☐ Run a Business on Property ☐ No Basement ☐ Portable (w/service contract)
☐ Foundation ☐ None ☐ Compost Toilet

Existing Structure: (if permit being applied for is relevant to it) Length: 16' Width: 12' Height: 16'
Proposed Construction: Length: 36' Width: 20' Height: 26' 6"

Proposed Use ☒ Principal Structure (first structure on property) Dimensions Square Footage
☐ Residence (i.e. cabin, hunting shack, etc.) (12' x 16') 192
with Loft ()
with a Porch (6' x 16') 96
with (2nd) Porch ()
with a Deck (10' x 31') 310
with (2nd) Deck (10' x 20') 200
with Attached Garage ()
Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities ()
Mobile Home (manufactured date) ()
Addition/Alteration (specify) 2-Story Wood-Framed (20' x 36') 1440
Accessory Building (specify) ()
Accessory Building Addition/Alteration (specify) ()
Special Use: (explain) ()
Conditional Use: (explain) ()
Other: (explain) ()
☐ Commercial Use
☐ Municipal Use

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: John W. Bareko
Noted for Issuance: John W. Bareko

Addres to send permit: 6516 MAIN STREET, MARENGO, WI 54855
SEP 12 2012

Date: 8/15/12

Copy of Tax Statement
Attach

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

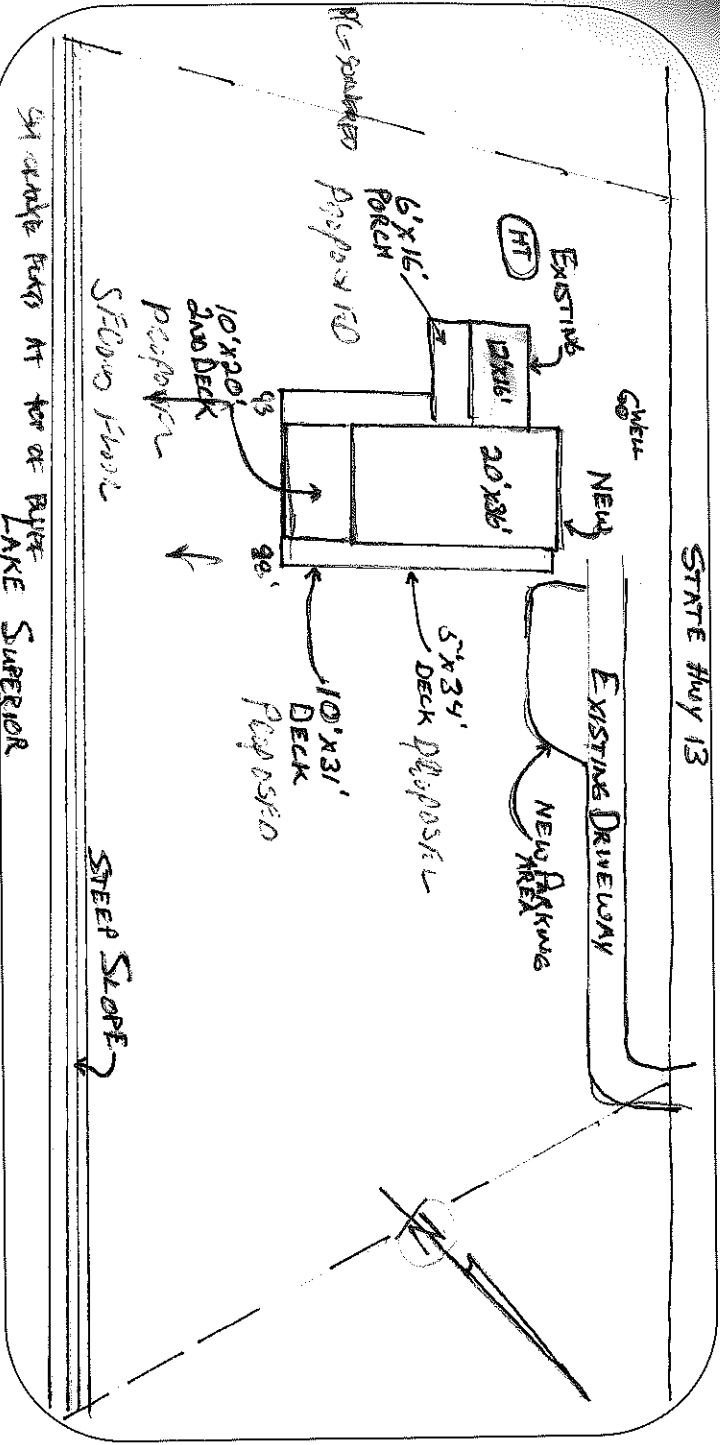
Secretarial Staff

Draw or Sketch your Property (regardless of what you are applying for)

(1) Show Location of:

Proposed Construction

- | | North (N) on Plot Plan |
|---------------------------|--|
| (2) Show / Indicate: | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (3) Show Location of (*): | All Existing Structures on your Property |
| (4) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (5) Show: | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (6) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |
| (7) Show any (*): | |



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	92 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	(8-93) Feet
		Setback from the Bank or Bluff	(93') Feet
Setback from the North Lot Line	20 Feet		
Setback from the South Lot Line	100 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	60 Feet	Setback from 20% Slope Area	75 Feet
Setback from the East Lot Line	110 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	35 Feet	Setback to Well	10 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable Composting)	Feet		

SETBACK TO PREVIOUSLY SURVEYED CORNER BY _____

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:	12-0347	Permit Date:	9-18-19	
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Report: Concrete Buick replaced with 21/4x4. Single tires on RT-60 of concrete Buick also had gas swap. Buick may be used, 235" high.		Zoning District: (L-15) Lakes Classification: () Date of Re-Inspection:		
Date of inspection: 9-5-12		Inspected by: DDC		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached. The vegetative protection area (buffer) that area so far to the water - make (top of Buick) also not be removed also vegetated, and be cut a - removed w/ the exception of Oaks within of the control of a 30' air view corridor.				
Signature of Inspector: [Signature]		Date of Approval: 9-18-19		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

2) Child Developmental Activities should be individualized + activities encouraged alternate

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
JUL 26 2012

ENTERED
Permit #: 10-03559
Date: 9-13-12
Amount Paid: \$175.00 CDS
Refund: 7/26/12

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.
HOW DO I SUBMIT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Heather H. Campbell
Address of Property: Bodin Road (property access)
City/State/Zip: 12223 Avila Drive Kansas City MO 64115
Mailing Address: Bayview, WI
Telephone: (913) 402-8332
Cell Phone: (913) 620-1869

Contractor: C+W Trucking (Bandy Erickson)
Contractor Phone: 715 779-5629
Plumber: N/A
Plumber Phone: N/A
Agent Phone: N/A
Agent Mailing Address (include City/State/Zip): N/A
Written Authorization Attached: ☐ Yes ☐ No

Authorized Agent: (Person Signing Application on behalf of Owner(s))
N/A

PROJECT LOCATION: Section 21, 22, Township 49 N, Range 4 W
Legal Description: (Use Tax Statement)
CSM 1640 Vol & Page 9 368
Lot(s) 1640 9 368
Subdivision: 2
Acre: 5.24 GTR

PIN: (23 digits)
04-008-2-49-21-1-05-002-51400-0000
Recorded Document: (i.e. Property Ownership)
Volume 9 Page(s) 368

☐ Shoreland ☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If Yes--continue ☒ If Yes--continue
Distance Structure is from Shoreline: approx. 120 ft feet
Distance Structure is from Shoreline: approx. 120 ft feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$16,500	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None
	<input checked="" type="checkbox"/> Shoreline Grading					

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction: N/A Grading
Length: Width: Height: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X ()	
<input type="checkbox"/> with Loft		() X ()	
<input type="checkbox"/> with a Porch		() X ()	
<input type="checkbox"/> with a Deck		() X ()	
<input type="checkbox"/> with (2nd) Deck		() X ()	
<input type="checkbox"/> with Attached Garage		() X ()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date)		() X ()	
<input type="checkbox"/> Addition/Alteration (specify)		() X ()	
<input type="checkbox"/> Accessory Building (specify)		() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		() X ()	
<input checked="" type="checkbox"/> Special Use: (explain) Shoreline Grading		() X ()	8,200
<input type="checkbox"/> Conditional Use: (explain)		() X ()	6600 = custom
<input type="checkbox"/> Other: (explain)		() X ()	1600 = on prop

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

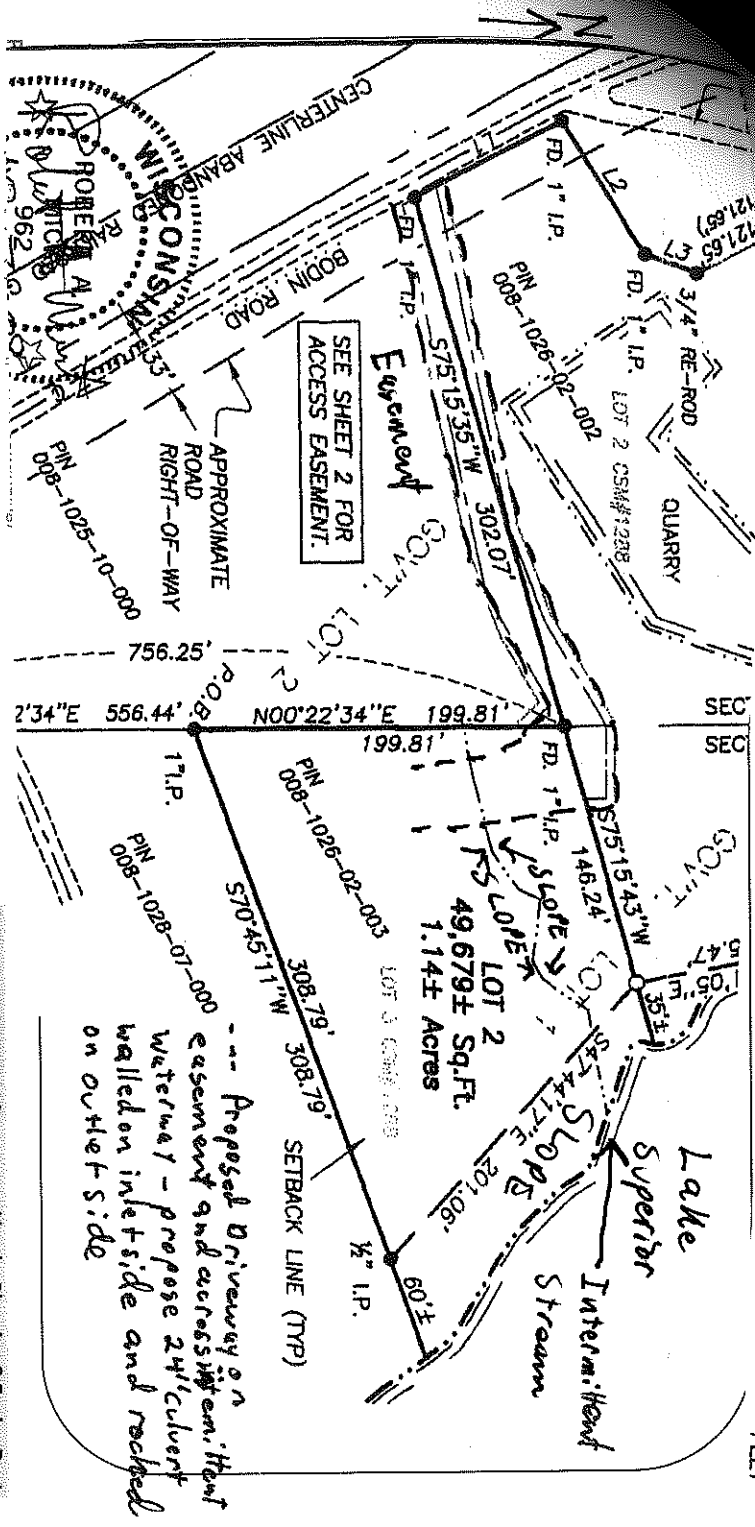
Owner(s): Heather H. Campbell
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Date July 24, 2012

Recorded Deed 12223 Avila Drive, Kansas City, MO 64115
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Search your Property (regardless of what you are applying for)

Location of:
Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%
SCALE
0 100 200 300
FEET



(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	See Drawing Feet	Setback from the Lake (ordinary high-water mark)	See Drawing Feet
Setback from the Established Right-of-Way	4 11 Feet	Setback from the River, Stream, Creek	11 11 Feet
Setback from the North Lot Line	See Drawing Feet	Setback from the Bank or Bluff	11 11 Feet
Setback from the South Lot Line	11 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	11 Feet	Setback from 20% Slope Area	See Drawing Feet
Setback from the East Lot Line	11 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

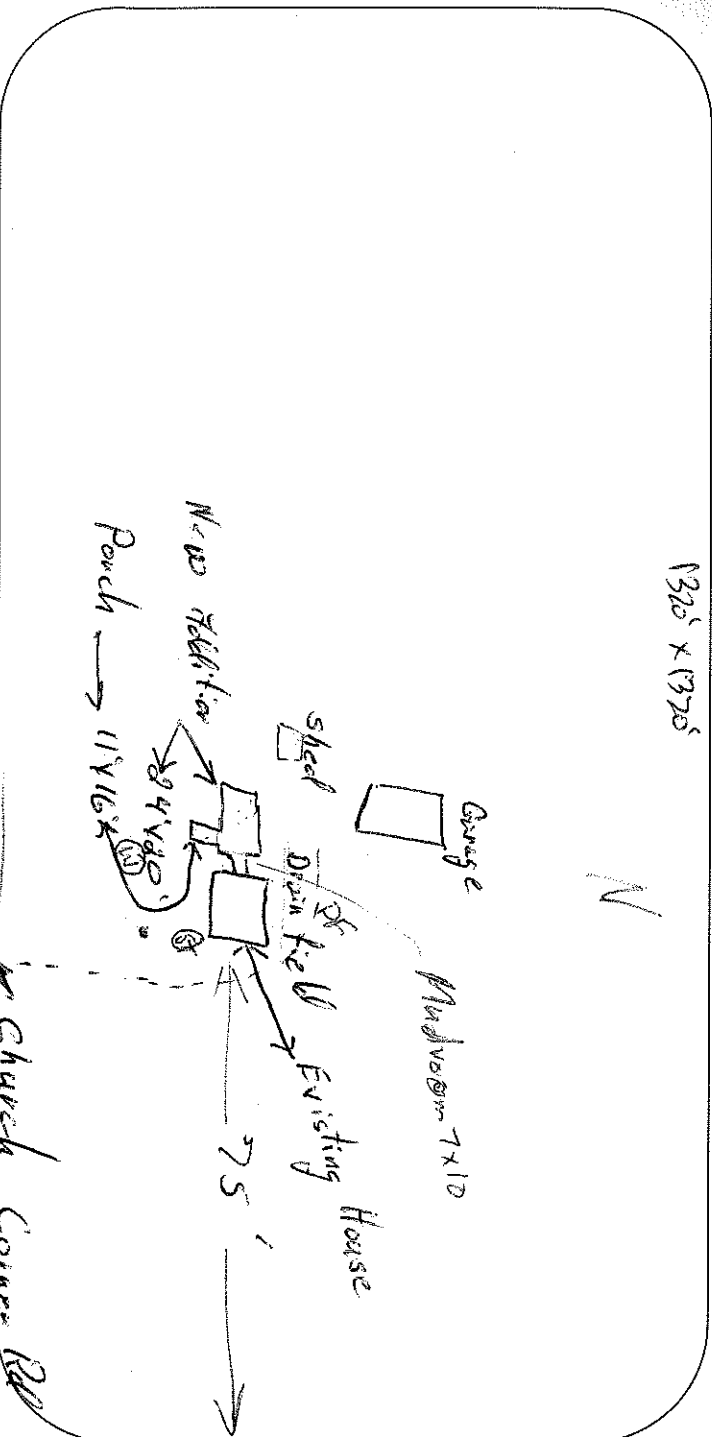
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: N/A	# of bedrooms: N/A	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 12-0352		Permit Date: 9-13-12					
Is Parcel a Sub-Standard lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	We're Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Inspection Record	Inspected by: DLE	Inspected by:		Inspected by:			
Date of inspection: 8-11-12		Inspected by:		Inspected by:			
Condition(s): Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)							
AND DISTANCES, REVENUES SHOW BE ADJUSTED, AND EXPOSED SOILS ABOVE BE SURVEYED AND SETBACK							
SEPTIC & WETLANDS ON ADJACENT PROPERTY							
Signature of Inspector: [Signature]							Date of Approval: 8-12-12
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/>				

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	+ 300 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	+ 300 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	+ 1100 ft Feet	Setback from Wetland	
Setback from the West Lot Line	+ 300 Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	80 ft Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	75 Feet	Setback to Well	
Setback to Drain Field	710 Feet		11' x 13' Feet
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 425335	# of bedrooms: 3	Sanitary Date: 2009
Permit Denied (Date):	Reason for Denial:			
Permit #: 18-03607	Permit Date: 9-14-12			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delimited	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Proposed Structural Addition Meets Applicable Code Requirements	Zoning District (F-1)			
Date of Inspection: 9-14-12	Inspected by: DC	Date of Re-inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: [Signature]	Date of Approval: 9-14-12			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	